

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

. TO THE

GRIMSBY

Rural District Council,

FOR THE YEAR 1910,

BY

G. O. McKANE,

MEDICAL OFFICER OF HEALTH.

GRIMSBY:

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1911.

Grimsby Rural District Council.

WALTHAM,

GRIMSBY,

FEBRUARY 17TH, 1911.

To the Chairman and Members of the Grimsby Rural
District Council.

GENTLEMEN,

I have pleasure in submitting to you my Annual Report for the year ended December 31st, 1910. In accordance with the Local Government Board's order, I have systematically inspected my District during the year, as well as at other times when my attention has been called to any condition likely to affect the public health.

PHYSICAL FEATURES AND GENERAL CHARACTER OF THE DISTRICT AND GENERAL CONDITION OF ITS POPULATION.—With the exception of a small portion which, being near the Wolds, is hilly, the rest of the District is very flat and sparsely populated with one or two exceptions. The result of which is, inefficient drainage in many parts and where the population is more dense, *e.g.* Little Coates and Immingham, a proper drainage system is not only difficult but expensive. Up to within a short time ago the district was entirely agricultural, but in consequence of the construction of a large dock at Immingham the result has been that in Little Coates, which is contiguous to the Borough of Grimsby, a large number of houses have been built in which numbers of the dock labourers reside. With few exceptions the inhabitants of the district are well housed and fairly prosperous.

OCCUPATION OF INHABITANTS.—With the exception of the two districts mentioned above, the chief occupation of the inhabitants is farming.

HOUSE ACCOMMODATION.—The total number of new houses certified as fit for occupation during the year is 124; distributed in the various parishes as follows, *viz.*:—Little Coates 44, Healing 19, Waltham 4, Immingham 48, Laceby 1, Habrough 2, Humberstone 2, Scartho 2, Stallingboro' 2.

Compared with 1909 there is a decrease of 64. All these new houses have proper drainage, a sufficiency of open space about them, have an ample supply of good water, have cleanly surroundings, and have been erected under the supervision of the Sanitary Inspector, who has certified them as fit for habitation.

I am not in a position to report on any action taken with reference to the "Housing of the Poor Act of 1909." The Officer appointed by the Council is proceeding with his inspections and will report in due course.

STATEMENT OF WORK PERFORMED BY SANITARY INSPECTOR
AS SUPPLIED BY HIM.—

Visits in connection with nuisances	...	...	352
Inspection of dwelling-houses	...	...	113
Inspection of cowsheds	...	...	83
Visits <i>re</i> infectious diseases	...	...	56
Visits to slaughter-houses, butchers' shops and other food stores	...	...	42
Visits <i>re</i> water supply	...	...	13
Inspection of bakehouses and workshops	...	...	16
Visits to Schools	...	...	5
Unfounded complaints	...	...	18
Number of nuisances reported	...	...	115
" " abated	...	...	111
Nuisances outstanding	...	...	8
Informal Notices served	...	...	47
Statutory Notices served	...	...	10

WATER SUPPLY OF THE DISTRICT.—The Parishes in the immediate vicinity of Great Grimsby are mostly well supplied from the Grimsby Waterworks. In the more remote villages, the general supply is by means of Artesian and surface wells, and is on the whole, sufficient, wholesome and free from risks of pollution. During the year I have only been required to analyse 5 samples of water; only one of which was found to be contaminated by sewage. In this case the well was closed and a new bore put down.

MILK SUPPLY.—This is very good and wholesome. The dairies and cowsheds have been inspected by me several times during the year and, with one or two exceptions, I have found them clean and well looked after. In one case which I visited with Dr. Manby, the Local Government Board's Inspector, in July, certain defects were pointed out and his suggestions to remedy these defects have been carried out.

OTHER FOODS.—I have not had reported to me any case of suspected unsound meat for sale, nor have I had brought to my notice any suspected tuberculous carcase.

POLLUTION OF RIVERS.—Nil,

SEWERAGE.—With the exception of Immingham, part of Little Coates and Humberstone, the cesspool and irrigation methods obtain.

The part of Little Coates adjoining the Borough of Grimsby which is quickly becoming of Urban character is a totally water-carriage district, the sewers being connected to what is known as the Pyewipe Culvert, a large Culvert used in common with the Grimsby Corporation, the same discharging itself into the Humber. The scheme of Sewerage and Sewage disposal for the part of Humberstone parish known as Humberstone Avenue, (which is becoming quite a residential neighbourhood) reported on in my last Annual Report as being in course of preparation by the Sanitary Surveyor, has now been completed. This scheme, I consider, of vital importance to the district. The disposal works are designed on Bacteriological principles, the Sewage being first treated in septic tanks, and then passed through a continuous trickling filter. The Sewerage scheme for Immingham reported on in 1908, has now been accepted by the Local Government Board and is in course of construction, and, when completed will supply a much needed sanitary improvement. There are, and will be in the future, in consequence of the construction of the Immingham Dock, extensive building operations in this part of the district, and at present the sewage disposal arrangements are very unsatisfactory. The beck at Waltham, which runs through the centre of the village, and which I consider neither more nor less than an open sewer, and which has been reported on by me on several occasions will, no doubt, receive the attention of my Council as soon as the Immingham scheme is completed.

EXCREMENT DISPOSAL.—In parishes which have no system of sewerage or water-closets, the removal of excreta is carried out by the box system. The boxes are emptied when necessary. The contents mixed with ashes and used as manure either in the fields or in the gardens.

SCAVENGING.—The Council are responsible for the collection and disposal of house-refuse in the Little Coates and Immingham parishes. The system works well, particularly in the Little Coates parish, owing to its being a water-closeted area and the portable bin system being in operation. In all the other parishes the pail system obtains, the emptying and cleaning of the same being undertaken by the respective owners and occupiers.

BYE-LAWS.—There has been no need to enforce the carrying out of these.

SCHOOLS.—I have found it necessary to advise, and have asked the Clerk to the Council to issue the usual notices for the closing of Humberstone School, owing to an epidemic of measles, in February; East Ravendale School, for measles, in February; and Scartho Council School, for measles, in November; also a fur-

ther closing of Seartho Council School, owing to a continuance of measles epidemic, in December. In each case I sent a special report to the L.G.B., one to the Lindsey County Council, and one to the Grimsby Rural District Council. The sanitary condition of the Schools has had my careful attention. Generally speaking, I have found them to be in a good sanitary condition and well supplied with water. The arrangements for Medical Inspection of School Children are in the hands of the County Medical Officer of Health.

PLACES OVER WHICH THE COUNCIL HAVE SUPERVISION.—These comprise slaughterhouses, dairies, cowsheds, bakehouses, factories, and workshops. All these have been systematically inspected and have been found generally to be in a cleanly and good sanitary condition. In cases where any defect has been found it has been pointed out and remedied. The only factory in the district is a paper factory at Little Coates. This factory employs 147 men and 13 women. I inspected it twice during the year and found that the Factory Act has been complied with; that the sanitary conveniences were kept clean and in good order and generally it was in a good sanitary condition.

METHOD OF CONTROL OF TUBERCULOSIS.—There is no system of notification either compulsory or voluntary in operation except in the case of paupers. There is no hospital accommodation for cases of pulmonary tuberculosis.

INFECTIOUS DISEASES.—Whenever any infectious disease is reported to me I at once visit and carefully inspect the premises and inquire into all the circumstances of the case so as to find out, if possible, the cause. I leave a circular giving instructions, in detail, as to the method of isolation, and notify the Sanitary Inspector to supply disinfectants. Where it has appeared to me that there were no means for proper isolation, or nursing, or where the wages earned were not sufficient to enable the patient to have proper support, I have, acting on a resolution of my Council, had the case removed to the Grimsby Borough Isolation Hospital. When a case is not removed to the Hospital the Sanitary Inspector is advised, and on its termination he disinfects the premises, bedding, &c. There is no Isolation Hospital under the direction of the Council in the district, at present, but I am in a position to state that, acting on my special report of December 8th, 1910 (a copy of which was sent to the Local Government Board) there is a great probability that this defect will soon be remedied. My Council and the Cleethorpes Urban District Council have had a conference with a view to erect a Joint Isolation Hospital, and the matter is being favourably considered by both authorities, and I have reason to suppose that in the near future it will be *un fait accompli*. With regard to

other non-notifiable diseases the County Medical Officer of Health has arranged for these to be reported to him by the Head Teachers of the different schools, a copy of which he transmits to me weekly. Further, he issues a weekly statement of all notifiable diseases, notice of which he receives from the different Medical Officers of Health in the country—giving a summary of all infectious diseases in the different sanitary districts. This, I consider a very important step, as it enables each Medical Officer of Health to know what infectious diseases are present immediately contiguous to his district. From his weekly copies I find that during the year there have been reported to him the following non-notifiable diseases amongst school children, viz.:—Measles 101, whooping cough 77, chicken-pox 14, diphtheria 2, and scarlet fever 1. With reference to the case of scarlet fever I communicated with the County Medical Officer of Health saying I had received no notification of this, and on enquiry it was found that the diagnosis was wrong.

COMMENTS ON TABLES.

TABLE I. shows fully the number of Deaths from all causes and at all ages; the Deaths and Death Rate for 1910, as well as the Average Death Rate for the last ten years; also the number of Births and the Birth Rate for 1910. There were 255 Births, of these 132 were males and 123 females. It will be noticed the Death Rate for the year is 14, whilst for 1909 it was 12, and that the Birth Rate is 30·5, whilst for 1909 it was 32·8.

The population for 1910 has increased by 622, the increase being based on the fact of there having been a number of houses built and inhabited during the year. Whereas in 1909 there were 93 Deaths registered in the District, and 13 registered in Public Institutions beyond the District, in 1910 there have been 117 Deaths and 12 in Public Institutions beyond the District, so that the actual Death Rate for the year is 14, as against 12 in 1909. There is a slight decrease in the Birth Rate during the year, it being 30·5, as against 32·8 for 1909.

TABLE II.—The “localities” I have used in this Table are the same parishes and groups of parishes, and are as nearly contiguous as I could arrange them. It will be noticed in columns B. that the largest number of Births took place in the single parishes of Immingham (56), which is the same as last year, and Little Coates (80), as against 68 last year; these two parishes accounting for more than one-half of the whole number of Births in the year in the District. The number of Deaths in these two parishes is increased by 20, but it must be remembered that there is increased population of 454 in these parishes.

TABLE III. shows the number of infectious diseases notified to me in accordance with the Notification of Diseases Act, to be 29,

this number comparing favourably with 1909, when the number was 53, nearly double the number. Of these again one half occurred in the last quarter of the year, and consisted chiefly of cases of diphtheria and enteric fever. Of the total number, 29, there were

11	cases of	Diphtheria.
1	„	Erysipelas.
9	„	Scarlet fever.
8	„	Enteric fever.

Further, 9 of the cases of diphtheria and all the cases of enteric fever occurred in the parish of Little Coates, whilst 5 of the cases of scarlet fever occurred in the parish of Immingham. On careful enquiry I found that most of the cases of diphtheria and enteric fever occurred in one street in Little Coates, and most of them were supplied with milk by the same dealer. Prompt measures were taken, and no cases have occurred since. Acting on the Council's directions I have supplied Anti-Toxin to the doctor who notified each case of diphtheria.

TABLE IV.—This table shows that out of the 117 deaths *in the district* 12 were due to heart disease (2 less than last year), 5 to measles, 7 to phthisis, 7 to cancer, 14 to pneumonia, 9 to premature birth, and 7 to accidents.

TABLE V.—This shows that the number of deaths under one year of age is 30. This is a large increase on last year, when the number was 17. Of these 9 were due to premature birth, and 7 to convulsions, as against convulsions 1 and premature births 2; thus more than half of the total number was due to these causes. Of the remaining 14, 5 were due to pneumonia and 2 to measles, whilst wasting diseases only account for 2. The number of deaths under one year is greater than in 1909—it being 30 as against 17—but it will be noticed that there have been 9 cases of premature births this year, whilst there was only 2 last year. If the difference in these non-preventible causes is subtracted from the total number it brings the death-rate down to 94·1 instead of 117·6, this being the lowest rate, with the exception of 1909, for the last five years.

In closing my report, I should like to thank my Council for the readiness they have shown at all times to adopt the suggestions I have made with a view to improving the sanitary conditions of the district. This readiness on their part enables me to report a very satisfactory sanitary condition of the district.

I am, Gentlemen,

Yours faithfully,

G. O. McKANE,

Medical Officer of Health,
Grimsby Rural District Council.

Vital Statistics of whole District during 1910 and previous years.

TABLE I. GRIMSBY RURAL DISTRICT.

YEAR.	Population estimated to midpoint of each year.	Births.		Total Deaths registered in the District.				Total Deaths in Public Institutions in the District.	Deaths of Non- residents registered in Public Institu- tions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	Nett Deaths at all ages belong- ing to District.	
		Number.	*Rate.	Under One Year of Age.		At all Ages.					Number.	*Rate.
				Number.	Rate per 1,000 Births Registered.	Number.	*Rate.					
1	2	3	4	5	6	7	8	9	10	11	12	13
1900	5,442	123	22·6	21	170·7	87	15·9	7	7		80	14·7
1901	5,434	113	20·7	16	141·5	74	13·6				74	13·6
1902	5,427	114	21·0	15	131·5	84	15·4	2	2		82	15·1
1903	5,419	121	22·3	9	74·3	51	9·4				51	9·4
1904	5,412	125	23·0	12	80·0	81	14·9		3		78	14·4
1905	5,404	119	22·0	16	134·4	91	16·8		9		82	15·1
1906	5,397	120	22·4	15	125·0	74	13·6				74	13·6
1907	6,306	176	27·9	18	102·5	95	15·2				95	15·2
1908	6,966	219	31·8	23	105·0	106	15·2	2		1	107	15·3
1909	7,718	235	32·8	17	72·3	93	12·0	2		13	106	13·7
Averages for years 1900—1909.	5892·5	146·5	24·6	16·2	113·7	83·6	14·2	1·3	2·1	1·4	82·9	14·0
1910	8,340	255	30·5	30	117·6	117	14·0	0	0	12	129	15·4

*Rates in Columns 4 and 8 should be calculated per 1,000 of the estimated gross population. In districts in which large public institutions seriously affect the statistics, the rates in Column 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

NOTE.—The deaths to be included in column 7 of this Table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public Institutions" to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

Area of District in acres (exclusive of area covered by water), 50,293 acres.

Total population at all ages, 5,434. Number of inhabited houses, 1,265

Average number of persons per house, 4·2. At Census of 1901.

1 Institution within the District receiving sick and infirm persons from outside the District.	2 Institutions outside the District receiving sick and infirm persons from the District.	3 Other Institutions, the deaths in which have been distributed among the several localities in the District.
Fever Hospital	<p>Lincoln Asylum</p> <p>Grimsby and District Hospital.</p> <p>Bargate Nursing Home, Grimsby.</p>	
Is the Union Workhouse within the District ?— <i>No.</i>		

TABLE II.
VITAL STATISTICS of Separate Localities in 1910 and Previous Years. **GRIMSBY RURAL DISTRICT.**

Names of Localities.	1.—Whole District.				2.—Group of 8 Parishes.				3.—Group of 7 Parishes.				4.—Group of 3 Parishes.				5.—Immingham.				6.—Little Coates.				7.—Group of 3 Parishes.			
	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.
Year.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.
1900 ..	5442	123	80	21																								
1901 ..	5434	113	74	16																								
1902 ..	5427	114	82	15																								
1903 ..	5419	121	51	9																								
1904 ..	5412	125	78	12																								
1905 ..	5404	119	82	16																								
1906 ..	5397	120	74	15																								
1907 ..	6306	176	95	18																								
1908 ..	6866	219	107	23	1411	22	11		1803	55	29	6	1168	23	15	1	643	37	17	5	565	53	22	9	1376	19	12	0
1909 ..	7718	235	106	17	1451	25	11	0	1809	40	25	2	1238	23	11	2	1058	56	22	2	776	68	20	9	1386	23	17	2
Averages of Years 1900 to 1909.	5892.5	146.5	82.9	16.2																								
1910 ..	8340	255	129	30	1461	26	17	5	1851	39	16	2	1340	28	15	1	1108	56	28	8	1180	80	34	11	1400	26	19	3

NOTES.—(a) The separate localities adopted for this table should be areas of which the populations are obtainable from the census returns. Such as wards, parishes, or groups of parishes, or registration sub-districts. Block 1 may, if desirable, be divided into blocks 2, 3, &c., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.

(b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns c of this Table, and those of non-residents registered in public institutions in the district excluded. (See note on Table I, as to meaning of terms "resident" and "non-resident.")

(c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

(d) Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in the census returns. The totals of sub-columns a, b and c should agree with the figures for the year in the columns 2, 3, and 12, respectively. The totals of sub-columns d should agree with the total of column 2 in Table IV., and the gross total of sub-columns d with the total of column 3 in Table IV.

TABLE III.

CASES OF INFECTIOUS DISEASE NOTIFIED during the Year 1910.

GRIMSBY RURAL DISTRICT.

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Notifiable Disease.	Cases Notified in whole District.						Total Cases Notified in each Locality.						** No. of Cases Removed to Hospital from each Locality.						
	At all Ages.	At Ages!—Years					Group 1.	Group 2.	Group 3.	Immingham.	Little Coates.	Group 6.	Group 1.	Group 2.	Group 3.	Immingham.	Little Coates.	Group 6.	Total cases removed to Hospital
		Under 1.	1 to 5	5 to 15	15 to 25.	25 to 65. wards													
Small-pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous group)	11	...	3	6	...	2	...	...	1	1	9	...	...	...	1	...	4	...	5
Erysipelas ...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet fever ...	9	...	2	5	...	2	...	...	...	5	3	...	...	...	...	...	...	...	...
Typhus fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric fever ...	8	...	1	...	...	3	...	...	...	...	8	...	...	...	...	...	...	...	...
Relapsing fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
* TOTALS ...	29	...	6	15	...	7	1	1	1	6	20	...	...	...	1	...	4	...	5

NOTES.—The localities adopted for this table should be the same as those in Tables II. and IV.

State in space below the name of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent, and the accommodation available for the district, afforded by it. Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district. The name of the authority by whom the hospital is provided should also be given. Mark (W) the locality in which a workhouse is situated.

* This space may be used for record of other disease the notification (compulsory or voluntary) of which is in force in the district.

These are columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

** Column 8 should be filled up with the Totals of cases removed to Hospital, whether the District is divided into separate localities or is treated as one.

Isolation Hospital: Name and Situation, only Borough of Grimsby available. Total available beds, no information. Number of diseases that can be con-

TABLE IV.

GRIMSBY RURAL DISTRICT.

Causes of, and Ages at, Death during Year 1910.

(SEE NOTES AT BACK.)

Causes of Death.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.							Deaths at all ages of "Residents" belonging to Localities, whether occurring in or beyond the District.							Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District.
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Group 1.	Group 2.	Group 3.	Immung-ham.	Little Coates.	Group 6.	Outside District.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Small-pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	5	2	3	...	...	...	...	...	2	...	...	3	...	...	...
Scarlet Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping-cough	1	1	...	...	...	...	...	...	...	...	1	...	...	...	...
Diphtheria (including Membranous Croup)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Croup ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fever { Typhus ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric	3	...	...	...	1	2	...	...	...	...	...	2	...	1	...
Other continued	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...
Epidemic Influenza ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa (See notes at back)	2	2	...	...	...	...	...	...	...	...	...	2	...	...	...
Enteritis (See notes at back)	3	1	1	...	...	...	1	...	...	...	1	1	1	...	...
Gastritis (See notes at back) ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal fever (See notes at back) ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis (Pulmonary Tuberculosis)	7	...	...	...	...	7	...	1	1	1	1	1	1	1	...
Other tuberculous diseases... ..	2	...	...	1	1	...	...	...	1	...	1	...	...	...	...
Cancer, malignant disease (See notes at back)	7	...	...	...	...	5	2	1	...	1	1	2	...	2	...
Bronchitis	4	1	2	...	...	1	...	...	...	1	2	1	...	...	...
Pneumonia	14	5	6	1	...	2	...	3	...	1	4	5	1	...	...
Pleurisy ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other diseases of Respiratory organs	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Alcoholism ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cirrhosis of liver ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Venereal disease ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Premature birth	9	9	...	...	...	...	...	4	...	...	2	3	...	...	...
Diseases and accidents of parturition	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...
Heart disease	12	...	...	...	...	4	8	...	2	3	1	...	4	2	...
Accidents	7	...	...	3	1	3	...	...	1	3	1	...	...	2	...
Suicides ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
All other causes	51	9	3	2	...	13	24	8	8	5	6	9	11	4	...
All causes	129	30	15	7	3	39	35	17	16	15	22	29	18	12	...

NOTES TO TABLES IV. AND V.

- (a) In Table IV., all deaths of "Residents" occurring in public institutions, whether within or without the district, are to be *included* with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, to be *included* among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of "Non-residents" occurring in public institutions in the district are in like manner to be *excluded* from columns 2-8 and 9-15 of Table IV.
- (b) See notes on Table I. as to the meaning of "Residents" and "Non-residents," and as to the "Public Institutions" to be taken into account for the purposes of these Tables. The "Localities" in Table IV. should be the same as those in Tables II. and III.
- (c) All deaths occurring in public institutions situated within the district, whether of "Residents" or of "Non-Residents," are, in addition to being dealt with as in note (a), to be entered in the last column of Table IV. The total number in this column should equal the figures for the year in column 9, Table I.
- (d) The total deaths in the several "Localities" in columns 9-15 of Table IV. should equal those for the year in the same localities in Table II., sub-columns c. The total deaths at all ages in column 2 of Table IV. should equal the gross total of columns 9-15, and the figures for the year in column 12 of Table I.
- (e) Under the heading of "Diarrhoea" are to be included deaths registered as due to Epidemic diarrhoea, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhoea, Dysentery and Dysenteric diarrhoea, Choleraic diarrhoea, Cholera (other than Asiatic or epidemic), and Cholera Nostras.
Deaths from diarrhoea secondary to some other well-defined disease should be included under the latter.
Deaths from Enteritis, Muco-enteritis, Gastro-enteritis, and Gastritis (see under the heading Diarrhoeal Diseases in Table V.) in Tables IV. and V. should be placed immediately below, but separately from, those enumerated under the heading Diarrhoea as defined by enumeration above. This is particularly important for deaths under one year of age, as many of the deaths in infancy returned as due to Enteritis are really caused by Epidemic Diarrhoea. In the course of years, by the adoption of this recommendation, it will be practicable to ascertain the probable amount of transfer between these different headings.
- (f) Under the headings of "Cancer" and "Puerperal fever" should be included all registered deaths from causes comprised within these general terms. Thus: Under "Cancer" should be included deaths from Cancer, Carcinoma, Malignant disease, Scirrhus, Epithelioma, Sarcoma, Villous tumour, and Papilloma of bladder, Rodent ulcer. Under "Puerperal fever" are to be included deaths from Pyæmia, Septicæmia, Sepsæmia, Pelvic peritonitis, Peri- and Endo-Metritis occurring in the Puerperium.
- (g) Under "Congenital defects" in Table V. are to be included deaths from Atelectasis, Icterus neonatorum, Navel hæmorrhage, Malformations and Congenital hydrocephalus.
- (h) Under "Tuberculous Meningitis" are to be included deaths from Acute hydrocephalus.
- (i) Under "Other Tuberculous diseases" are to be included deaths from Tuberculosis, Tuberculosis of bones, joints and other organs, Lupus and Scrofula.
- (j) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified"; all other deaths are to be regarded as "Uncertified."

In recording the facts under the various headings of Tables I., II., III., IV. and V., attention has been given to the notes on the Tables.

G. O. McKANE, Medical Officer of Health.

February 4th, 1911.

Table V.—GRIMSBY RURAL DISTRICT.

INFANTILE MORTALITY DURING THE YEAR 1910. Deaths from stated Causes in Weeks and Months under One Year of Age. (See Notes at back of Table IV.)

CAUSE OF DEATH.		Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year
All Causes.	{ Certified Uncertified	6 ...	3 ...	... ...	2 ...	11 ...	4 ...	1 ...	3 ...	1 ...	1 ...	1 ...	3 ...	2 ...	1 ...	2 ...	... ...	30 ...
i. Common Infectious Diseases.	Small-pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Chicken-pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Measles ... ..	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2
	Scarlet Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Diphtheria (including Membranous Croup) ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
ii. Diarrhoeal Diseases. (See Notes to Table IV.)	Whooping Cough ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
	Diarrhoea, all forms ... ..	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	2
	Enteritis, Muco-enteritis, Gastro-enteritis ... ..	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
	Gastritis, Gastro-intestinal Catarrh ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Premature Birth... ..	6	1	...	1	8	1	...	...	...	...	...	...	...	...	...	...	9
iii. Wasting Diseases.	Congenital Defects... .. (See Notes to Tables IV.)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Injury at Birth ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Want of Breast-milk, Starvation ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Atrophy, Debility, Marasmus ... ..	...	1	...	...	1	...	...	...	...	...	1	...	...	...	...	...	2
	Tuberculous Meningitis (See Notes to Table IV.) ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
iv. Tuberculous Diseases.	Tuberculous Peritonitis, Tabes Mesenterica... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other Tuberculous Diseases (See Notes to Table IV.) ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Erysipelas ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Syphilis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Rickets ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
v. Other Causes.	Meningitis (not tuberculous) ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Convulsions ... ..	...	1	...	...	1	1	...	3	...	1	...	1	...	...	...	...	7
	Bronchitis ... ..	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
	Laryngitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Pneumonia ... ..	...	...	...	1	1	...	1	...	1	...	...	1	...	...	...	...	5
	Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other causes ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		6	3	0	2	11	4	1	3	1	1	1	3	2	1	2	0	30

Grimsby Rural District—Population, estimated to middle of 1910, 8340.

Births in the year—legitimate, 249; illegitimate, 6.

Deaths in the year of—legitimate infants, no data; illegitimate infants, no data.

Deaths from all causes at all ages, 129.

